FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90085 019 ***150.00

DOCUMENT # L67878

1. Corporation Name

HI~LINE	INTERNATIONAL	CORPORATION
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Principal Plac	e of Business	Mailing Address							
14100 5	SW 80 Avenue	Suite: 330, 99	90 SW	1.7	7 Avenue	<u> </u>			
Miami, FL 33158		Miami, FL 33156-2699				DO NOT WRITE IN THIS	SPAC	E	
,		·				3. Date Incorporated or Qualifed 4 / 25 / 9 0			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Api	plied For
21		26				65-0204166		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22		27						ee Re	
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be o Fees
Zip	Country	28	Cour	ntry		8. This corporation owes the current year Int			51665
24	. 25	— · ·	30	,		Personal Property Tax.	∑ Ye		□No
	9. Name and Address of Current					10. Name and Address of New Registered	Agent		
				81	Name				
	A. Margolis, Esq		ŀ	82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
Suite 330, 9990 SW 77 Avenue		Avenue							
Mlam:	i, FL 33156-2699			83					
			ļ	84	City	FI	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove	-named corpor	ration submits this statement for the purpose of	changi	ng its	registered
l office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida. Such change was au	ıthorized	by t	the corporation	's board of directors. I hereby accept the appoi	ntment	as reg	jistered
SIGNATURE	www.		ida otata						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered .	Agent	t signature required w				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE D	Simon, George A		1.1 TIT				CH	ange	Addition
NAME	14100 S.W. 80th	Avenue	1.2 NA			`\			
STREET ADDRESS	Miami, FL 33158				ADDRESS				
CITY-ST-ZIP		☐ DELETE	1.4 CIT		-ZIP		□CH	2000	☐ Addition
TITLE		□ DELETE	2.1 TIT					ange	
NAME.		•	2.2 NA		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	,	DELETE	2.4 CF		1-ZIP		☐ Ch	ange	Addition
NAME			3.2 NA				_	-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-S1	r-zip				Ì
TITLE		☐ DELETE	4.1 TIT				Cr	ange	Addition
NAME			4. 2 NA	ΜE					
STREET ADDRESS			4.3 STF	ŒET.	ADDRESS				İ
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP				
TITLE		☐ DELETE	5.1 TIT				다	ange	☐ Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP			5.4 CIT	-	-ZIP		F3 -:		
TITLE		☐ DELETE	6.1 TITI				☐ Ch	ange	☐ Addition
NAME			6.2 NA						ļ
STREET ADDRESS			6.3 STF	ŒĒT.	ADDRESS				l l

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

GEOPHYRIE BYTHER PRINTETINGS SECURITE DEFICER OR DIRECTOR

3/30/99

305/595-1911